

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DIVISION OF PUBLIC UTILITIES AND CARRIERS
89 JEFFERSON BOULEVARD
WARWICK, RHODE ISLAND 02888

TELEPHONE: (401) 941-4500

FAX: (401) 941-9161

SINGLE STATE REGISTRATION (INTERSTATE) FOR RHODE ISLAND

1. FILL OUT THE APPLICATION IN ITS ENTIRETY.
(Forms RS-1 and RS-2)
2. AFFIX THE FOLLOWING FORMS TO THE APPLICATION:
 - a) COPY OF YOUR ICC AUTHORITY
 - b) COPY OF YOUR BMC (INSURANCE FORM)
 - c) COPY OF BOC 3 (AGENTS OF PROCESS)
3. CHECK MADE PAYABLE TO RI DEPT OF PUBLIC UTILITIES AND CARRIERS IN THE PROPER AMOUNT IN ACCORDANCE WITH THE APPLICABLE REGISTRATION.

Richard D. Jendzejec
Single State Registration Officer

200_ Form RS-1
Uniform Application for Single State Registration
for Motor Carriers operating under authority
issued by the Interstate Commerce Commission

MOTOR CARRIER IDENTIFICATION NUMBERS:

ICC MC No : _____ US DOT No : _____ FEIN : _____
Phone : _____ FAX # : _____

Applicant (Identical to name on ICC order) : _____
and PRINCIPAL PLACE OF BUSINESS ADDRESS:

Name : _____
D/B/A : _____
Street : _____
City : _____

MAILING ADDRESS (If different from Business Address above):

Street : _____
City : _____

TYPE OF REGISTRATION:

- ☐ New Carrier Registration - The motor carrier has not previously registered.
☐ Annual Registration - The motor carrier is renewing its annual registration.
☐ New Registration State Selection - The motor carrier has changed its principal program.
The prior registration state was _____.

TYPE OF MOTOR CARRIER: (check ONE)

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION

If corporation, give state in which incorporated : _____

List name of partners or officers:

Name : _____	Title : _____
Name : _____	Title : _____
Name : _____	Title : _____

TYPE OF ICC REGISTERED AUTHORITY :

- ☐ Permanent Certificate or Permit ☐ Temporary Authority (TA)
☐ Emergency Temporary Authority (ETA)

TYPE OF MOTOR CARRIER OPERATION: (Check one)

- ☐ Transporter of PROPERTY - Using freight vehicles with a gross vehicle weight rating of 10,000 pounds or more.
☐ Transporter of PROPERTY - Using only freight vehicles with a gross vehicle weight rating of less than 10,000 pounds.
☐ Transporter of PASSENGERS - Using vehicles with a seating capacity of 16 passengers or more.
☐ Transporter of PASSENGERS - Using only vehicles with a seating capacity of 15 passengers or less.

* A principal place of business is a single location that serves as a motor carrier's headquarters and where it maintains its operational records.

ICC CERTIFICATE(S) OR PERMIT(S) :

- ☐ ICC Authority Order(s) attached for first year registration.
- ☐ ICC Authority Order(s) attached for additional authority received.
- ☐ No change from prior year registration.

PROOF OF PUBLIC LIABILITY (PL/PD) SECURITY: **(Check only one block)**

- ☐ The Applicant or its insurance company will file a copy of its proof public liability security to the registered state.
- ☐ The Applicant or its insurance company has filed a copy of its proof public liability security to the registered state and the insurance coverage as stated on that form remains in effect.
- ☐ The Applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the ICC order. A copy of the ICC insurance order is attached or has previously been filed with the registration state.

HAZARDOUS MATERIALS: (Check One)

- ☐ The Applicant will not haul hazardous materials in any quantity.
- ☐ The Applicant will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR 2043.2.
- ☐ The Applicant will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance in accordance with Title 49 CFR 1043.2.

PROCESS AGENT:

- ☐ ICC Form No. BOC-3 or blanket designation attached for new registration.
- ☐ ICC Form No. BOC-3 or blanket designation attached reflecting changes of designation of process agent.
- ☐ No change from prior year registration.

CERTIFICATION:

I, the undersigned, under penalty for false statement, certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the Applicant . (Penalty provisions subject to the laws of the registration state.)

Name (Printed) _____
Signature _____ Title _____
Telephone Number (____) _____ - _____ Date _____

Return Completed Form to:

RI Division of Public Utilities and Carriers
89 Jefferson Boulevard
Warwick, RI 02888 Phone: (401)941-4500 , ext. 149 FAX (401)941-9161

TRUCK REGISTRATION RECEIPT ORDER FORM (FORM RS-2)

Name: _____

ICC No: _____

Principal place of business: Rhode Island

Transporting: () Property

() Passenger - Reg. Route

() Passenger - Charter

Receipts ordered are for: () Current year (200)

() Next Year (200)

(A) State Name	(B) Vehicles	(C) Fee	(D) Total Fees	(BxC)
----------------	--------------	---------	----------------	-------

Alabama	_____	6.00	_____
Arkansas	_____	5.00	_____
California	_____	5.00	_____
Colorado	_____	5.00	_____
Connecticut	_____	10.00	_____
Georgia	_____	5.00	_____
Idaho	_____	2.00	_____
Illinois	_____	7.00	_____
Indiana	_____	10.00	_____
Iowa	_____	1.00	_____
Kansas	_____	10.00	_____
Kentucky	_____	10.00	_____
Louisiana	_____	10.00	_____
Maine	_____	8.00	_____
Massachusetts	_____	10.00	_____
Michigan	_____	10.00	_____
Minnesota	_____	5.45	_____
Mississippi	_____	10.00	_____
Missouri	_____	10.00	_____
Montana	_____	5.00	_____
Nebraska	_____	3.50	_____
New Hampshire	_____	10.00	_____
New Mexico	_____	10.00	_____
New York	_____	10.00	_____
North Carolina	_____	1.00	_____
North Dakota	_____	10.00	_____
Ohio	_____	5.00	_____
Oklahoma	_____	7.00	_____
Rhode Island	_____	8.00	_____
South Carolina	_____	5.00	_____
South Dakota	_____	5.00	_____
Tennessee	_____	8.00	_____
Texas	_____	10.00	_____
Utah	_____	6.00	_____
Virginia	_____	10.00	_____
Washington	_____	10.00	_____
West Virginia	_____	3.00	_____
Wisconsin	_____	5.00	_____

TOTAL OF ALL STATE FEES: _____

NOTE: Fees must be paid for each vehicle for each state of travel. If there are any questions about how to complete this form, contact your state agency.

Return completed form to:
RI Division of Public Utilities and Carriers
89 Jefferson Boulevard
Warwick, RI 02903
Phone : (401) 941-4500, ext. 149
Fax: (401) 941-9161

CERTIFYING STATEMENT AND SIGNATURE: I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above Applicant.

Signature _____

Title _____

Date _____

Phone Number: () _____ - _____

Fax Number: () _____ - _____

BUS REGISTRATION RECEIPT ORDER FORM (FORM RS-2)

Name: _____

ICC No: _____

Transporting: () Property () Passenger - Reg. Route () Passenger - Charter

Receipts ordered are for: () Current year (200) () Next Year (200)

(A) State Name	(B) Vehicles	(C) Fee	(D) Total Fees (B x C)
----------------	--------------	---------	------------------------

Alabama	_____	6.00	_____
Arkansas	_____	5.00	_____
California	_____	5.00	_____
Colorado	_____	5.00	_____
Connecticut	_____	0.00	_____
Georgia	_____	5.00	_____
Idaho	_____	2.00	_____
Illinois	_____	7.00	_____
Indiana	_____	10.00	_____
Iowa	_____	1.00	_____
Kansas	_____	10.00	_____
Kentucky	_____	10.00	_____
Louisiana	_____	0.00	_____
Maine	_____	0.00	_____
Massachusetts	_____	0.00	_____
Michigan	_____	0.00	_____
Minnesota	_____	5.45	_____
Mississippi	_____	10.00	_____
Missouri	_____	10.00	_____
Montana	_____	5.00	_____
Nebraska	_____	0.00	_____
New Hampshire	_____	10.00	_____
New Mexico	_____	10.00	_____
New York	_____	10.00	_____
North Carolina	_____	1.00	_____
North Dakota	_____	10.00	_____
Ohio	_____	0.00	_____
Oklahoma	_____	7.00	_____
Rhode Island	_____	8.00	_____
South Carolina	_____	5.00	_____
South Dakota	_____	5.00	_____
Tennessee	_____	8.00	_____
Texas	_____	10.00	_____
Utah	_____	6.00	_____
Virginia	_____	3.00	_____
Washington	_____	10.00	_____
West Virginia	_____	3.00	_____
Wisconsin	_____	0.00	_____
TOTAL OF ALL STATES FEES		_____	_____

NOTE: Fees must be paid
for each vehicle for
each state of travel. If
there are any questions
about how to complete
this form, contact your
state agency.

Return completed form to:
RI Division of Public
Utilities & Carriers
89 Jefferson Blvd.
Warwick, RI 02888

Phone: (401) 941-4500, ext. 149
Fax: (401) 941-9161

CERTIFYING STATEMENT AND SIGNATURE: I, the undersigned, under penalty for false statement, do hereby certify that the above information is true and correct and that I am authorized to execute and file this document on behalf of the above Applicant.

Signature _____ Date ____/____/____
Title _____
Phone Nbr (____) ____ - _____
Fax Nbr (____) ____ - _____